

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90143 028 ****61.25

DOCUMENT # N00000003970

1. Entity Name
**OXFORD POINTE AT CROWN COLONY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5801 PELICAN BAY BLVD SUITE 600
NAPLES, FL 34108**

Mailing Address
**5801 PELICAN BAY BLVD SUITE 600
NAPLES, FL 34108**

40043223

3:27



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3724284

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUEMLER, TIMOTHY J
5801 PELICAN BAY BLVD SUITE 600
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME POIRIER, ROGER ☐ Delete
STREET ADDRESS 12671 WHITEHALL DR
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE DST
NAME UNSINN, DIANA ☒ Delete
STREET ADDRESS 5801 PELICAN BAY BLVD SUITE 600
CITY-ST-ZIP NAPLES, FL 34108

TITLE MGR
NAME HALLORAN, DAN ☒ Delete
STREET ADDRESS 5801 PELICAN BAY BLVD SUITE 600
CITY-ST-ZIP NAPLES, FL 34108

TITLE T
NAME MORRIS, DICK ☒ Delete
STREET ADDRESS 12671 WHITEHALL DR
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☒ Change ☐ Addition
NAME Roger Poirier
STREET ADDRESS 8986 Greenwich Hills Way #102
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE PD ☐ Change ☒ Addition
NAME Patrick Vaske
STREET ADDRESS 1433 Fairway Ct
CITY-ST-ZIP Chaske, MN 55318

TITLE STD ☐ Change ☒ Addition
NAME Linda Joiner
STREET ADDRESS 8480 Greenwich Hills Way #202
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE D ☐ Change ☒ Addition
NAME Laverne Hoffman
STREET ADDRESS 8990 Greenwich Hills Way #102
CITY-ST-ZIP Ft. Myers, FL 33908

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

RECEIVED

MAR 13 2006

CIU REV/ADM

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda Joiner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #